



**Connecticut  
Public Health  
Association**

Promoting Public Health in Connecticut Since 1916

## ***Connecticut Public Health Association***

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**TESTIMONY OF**  
**CONNECTICUT PUBLIC HEALTH ASSOCIATION**  
**REGARDING S.B. 220**  
**AN ACT CONCERNING THE ELIMINATION OF CERTAIN**  
**DEPARTMENT OF SOCIAL SERVICES REPORTING REQUIREMENTS**

**COMMITTEE ON HUMAN SERVICES**

**March 2, 2010**

Senator Coleman, Representative Walker, and distinguished members of the Human Services Committee, thank you for giving me this opportunity. My name is Daniel Csuka. I am a second year law student at the University of Connecticut School of Law, and I am here today as an intern with the Connecticut Public Health Association. The Connecticut Public Health Association is pleased to endorse Senate Bill No. 220, specifically the provision of the bill that would provide state funding of Medicaid coverage for smoking cessation programs.

In order to reduce the prevalence of cancer, heart disease, and other smoking-related health problems, the Connecticut Public Health Association (CPHA) supports the approach of various other states that provide fully comprehensive smoking cessation in all settings under Medicaid, including the removal of barriers such as copayments, limitations in duration of treatment, prior authorization, and stepped-care therapy. CPHA recommends that when considering S.B. 220, the committee act favorably on the bill in order to ensure that those individuals on Medicaid are provided with the same opportunities and resources to avoid the harmful effects of tobacco-related illness and death as those able to afford smoking cessation services.

On a personal level, this is an immensely important bill to me. My grandmother had a nasal oxygen cannula for the last ten years of her life. She often remarked on how she wished she could stop smoking, yet even at the age of 81 she found herself removing the oxygen every few hours to take care of the addiction she had developed many years earlier in her life. I would like to think that in the United States there are no disparities in access to smoking cessation treatment, especially as provided by state governments. But the fact remains that many, like my grandmother, have never had the opportunity to engage in treatment programs that most others now have access to.

### **Background**

In the United States, there is an inverse relationship between income and smoking prevalence in which Medicaid recipients smoke at more than twice the rate of the general population.<sup>1</sup> Funding smoking cessation for Connecticut Medicaid beneficiaries would affect a large

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<sup>1</sup> Presentation, The Connecticut Public Health Policy Institute, SMOKE AND MIRRORS: EXAMINING TOBACCO USE, CONSEQUENCES AND POLICIES IN CONNECTICUT (2010), available at <http://enhp.hartford.edu/ctphp/events.asp>, (citing Connecticut 2008 data received from the Connecticut Department of Public Health Epidemiologist (Dawn Sorosiak, personal communication, Sept. 22, 2009)).

population of the state; in 2008 it was found that 15.9% of adults smoked, and approximately 37% of this population (37,800) were Medicaid beneficiaries.<sup>2</sup>

Smoking cessation programs have been demonstrated to be effective with Medicaid populations throughout the country. A recent Morbidity and Mortality Weekly Report from the Centers for Disease Control and Prevention (CDC) found that quitting rates increased when patients were given access to treatment, such as those made available through Medicaid programs.<sup>3</sup>

*Connecticut is now one of only seven states that does not cover treatment of any kind.*<sup>4</sup>

The vast majority of states – 43 out of 50 – cover smoking cessation services because they are extremely cost-effective. The CDC designed a handbook for states which relied on evidence suggesting that “the cost savings from reduced tobacco use resulting from the implementation of moderately-priced, effective smoking cessation interventions would more than pay for these interventions within 3-4 years.”<sup>5</sup> Furthermore, the cost per year of life saved for smoking cessation programs is considerably higher than many preventative procedures.<sup>6</sup> In 2002, with health care costs considerably lower than they are currently, it was estimated that if the adult smoking rate were lowered even one percentage point from 19.9% to 18.9%, there would be a longer-term Medicaid savings in this country of \$30.6 million a year, or roughly \$1,000 per beneficiary every 5 years.<sup>7</sup> In 2008, associated health care costs for smoking in CT was \$2 billion in 2008, \$507 million of which is based on Medicaid.<sup>8</sup>

### **Recommendation**

For the above reasons, Connecticut Public Health Association supports an initiative providing for state funding of Medicaid coverage for smoking cessation programs. Harms caused by smoking are proven to be preventable, and such prevention can be done at no long-term cost to the state. While we have made significant progress in curbing the use of tobacco products, much work remains to be done. CPHA urges the Connecticut legislature to act favorably on S.B. 220 and allow Connecticut to be the next of the last remaining states to require that Medicaid cover fully comprehensive smoking cessation programs.

CPHA wishes to thank the Committee for its invaluable leadership in addressing human services issues as they relate to the public health needs of Connecticut’s citizens. I appreciate the opportunity to address these issues and am happy to answer any questions you might have.

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<sup>2</sup> *Id.*

<sup>3</sup> U.S. Centers for Disease Control and Prevention, STATE MEDICAID COVERAGE FOR TOBACCO-DEPENDENCE TREATMENTS, 58 M.M.W.R. 1199 (2009).

<sup>4</sup> Partnership for Prevention, A CALL FOR ACTION (ACCESS TO CESSATION TREATMENT FOR TOBACCO IN OUR NATION): AN ACTION PLAN TO ADDRESS THE LACK OF ACCESS TO TOBACCO-USE TREATMENT (2008), available at <http://www.actiontoquit.org>.

<sup>5</sup> U.S. Centers for Disease Control and Prevention, BEST PRACTICES FOR COMPREHENSIVE TOBACCO CONTROL PROGRAMS (1999).

<sup>6</sup> John D. Graham et al. Evaluating the Cost-Effectiveness of Clinical and Public Health Measures, 19 ANNUAL REV. PUB. HEALTH 125 (1998); Jerry Cromwell et al. Cost-Effectiveness of the Clinical Practice Recommendations in the AHCPR Guideline for Smoking Cessation, 278 J. AM. MED. ASSOC. 1759 (1997).

<sup>7</sup> Eric Lindblom, National Center for Tobacco-Free Kids, STATE CESSATION-RELATED STATISTICS & POTENTIAL SAVINGS FROM REDUCING SMOKING BY ONE PERCENTAGE POINT (2002); Matthew Barry, National Center for Tobacco-Free Kids, MEDICAID AND MEDICARE COSTS & SAVINGS FROM COVERING TOBACCO CESSATION 4 (2002).

<sup>8</sup> The Connecticut Public Health Policy Institute, *supra* note 1.